

**REDUCTION IN FAMILY SIZE CERTIFICATION**  
**(Recertification only)**

On \_\_\_\_\_, you reported that a family member had moved out of your household.

**Please complete the questions below.**

1. Name of the family member who moved: \_\_\_\_\_

2. What date did the person move out of the unit? \_\_\_\_\_

3. Where did they move? \_\_\_\_\_  
Street Address City/State Zip Code

4. Will they be gone: ☐ temporarily (6 months or less) ☐ permanently  
If temporarily absent, when are they expected to return to your household? \_\_\_\_\_

5. Will the household receive any monetary support from this person? ☐ no ☐ yes

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I, \_\_\_\_\_, living at \_\_\_\_\_  
(print name) (print current address)

certify that the above information is true and complete and that the person listed above no longer resides at this address. I understand that if this person desires to return to the household, I must request and obtain approval (in advance) from the owner/management company before this person can be added to the household.

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Note: title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development is guilty of a felony.